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TO 2643\$

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## **Application Number** 09/966,244 TRANSMITTAL September 27, 2001 Filing Date **FORM** First Named Inventor Kevin Dotzler (to be used for all correspondence after initial filing) Art Unit 2643

Total Number of Pages in This Submission Attorney Docket Number

Fee Transmittal Form

Fee Attached

Amendment / Reply

After Final

Certified Copy of Priority

Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53

Document(s)

**Examiner Name** George Eng 4041L-000066 ENCLOSURES (check all that apply) After Allowance Communication to Drawing(s) Technology Center (TC) Appeal Communication to Board of Licensing-related Papers Appeals and Interferences Petition Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Terminal Disclaimer Other Enclosure(s) Extension of Time Request (please identify below): Return Receipt Postcard Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. Response to Missing Parts/ SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Reg. No. Attorney Name Michael J. Schmidt 34,007

## Firm Harness, Dickey & Pierce, P.L.C. Individual name Signature June 28, 2005 Date

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Michael J. Schmidt	11	Express Mail Label No.	EV 570 164 614 US (6/28/2005)
Signature	NIN	hu	Date	June 28, 2005

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Z 70# 5 8	Effective on 12/0 Fee dursuant to the Consolidated Appro			Complete if Known	
E.	The second secon		Application Number	09/966,244	
THE THE PERSON	FEE TRANS	SMITTAL	Filing Date	September 27, 2001	
	for FY	2005	First Named Inventor	Kevin Dotzler	
	☐ Applicant claims small entity s	status. See 37 CFR 1.27	Examiner Name	George Eng	
			Art Unit	2643	
•	TOTAL AMOUNT OF PAYMENT	(\$) 320	Attorney Docket No.	4041L-000066	
	METHOD OF PAYMENT (check	c all that apply)			

ME	METHOD OF PAYMENT (check all that apply)							
$\boxtimes$	□ Check □ Credit Card □ Money Order □ None □ Other (please identify):							
$\boxtimes$			-		Deposit Account		ess, Dickey & Pi	erce, P.L.C.
	•			Director is hereby				
	☐ Charge fee	e(s) indicate	d below		☐ Charge f	fee(s) indicate	d below. except	for the filing fee
		• •		payments of fee(s)	_	ny overpayme		• • • • • • • • • • • • • • • • • • • •
	Under 37	CFR 1.16 ar	nd 1.17					
	RNING: Information on the rmation and authorization			Credit card informati	on should not be in	cluded on this	form. Provide cre	dit card
FE	E CALCULATION							
1.	BASIC FILING, SEA	RCH, AND	EXAMINAT	ION FEES				
		FILING F		SEARCH			ATION FEES	
	Application Type	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fees Paid (\$)
	Utility	300	150	500	250	200	100	<u>: 555 ; 5.15 [67</u>
	Design	200	100	100	50	130	65	
	Plant	200	100	300	150	160	80	
	Reissue	300	150	500	250	600	300	
	Provisional	200	100	0	0	0	0	<del></del>
2.	<b>EXCESS CLAIM FE</b>	ES					:	Small Entity
1	ee Description						Fee (\$)	Fee (\$)
	Each claim over 20 (inc						50	25
	Each independent claim Multiple dependent clai		luding Reissue	es)			200 360	100 180
	Total Claims	Extra C	laims F	ee(\$) Fee	Paid (\$)			Dependent Claims
	18 -20 or HP=			<u>i0</u> = <u>0</u>			Fee (\$)	
	HP = highest number of t	otal claims pa	id for, if greater t					
	Indep. Claims	Extra C			Paid (\$)			
	<u>4</u> - 3 or HP=	1	x <u>2</u>	<u>000</u> = <u>20</u>	<u>0</u>			
	HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE								
I	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
				(a)(1)(G) and 37 C		ian entity) for	cacii additional	30
	Total Sheets	Extra She		ber of each add		ction there	of <u>Fee (\$)</u>	Fee Paid (\$)
	-	= <u>0</u>	/ 50 =	(round <b>up</b>	to a whole num!	ber) x		= <u>0</u>
4.	OTHER FEE(S)							Fees Paid (\$)
	Non-English Spe	cification, \$	130 fee (no sm	nall entity discount	)			
	Other (e.g., late f	iling surcha	rge) : One Mor	th Extension of Time	<u> </u>		·	<u>120</u>

SUBMITTED BY	1			
Signature	Whitel	Registration No. (Attorney/Agent) 34,007	Telephone	(248) 641-1600
Name (Print/Type)	Michael J. Schmidt		Date	June 28, 2005

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